



**USAID**  
FROM THE AMERICAN PEOPLE

**CHALLENGE>TB**



## **Challenge TB - Tanzania**

**Year 2**

**Quarterly Monitoring Report**

**January-March 2016**

**Submission date: April 29, 2016**

## Table of Contents

<b>1. QUARTERLY OVERVIEW</b>	<b>3</b>
<b>2. YEAR 2 ACTIVITY PROGRESS</b>	<b>6</b>
<b>3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2</b>	<b>33</b>
<b>4. SUCCESS STORIES – PLANNING AND DEVELOPMENT</b>	<b>35</b>
<b>5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS</b>	<b>37</b>
<b>6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)</b>	<b>42</b>
<b>7. QUARTERLY INDICATOR REPORTING</b>	<b>48</b>

*Cover photo: Country Director and NTLP Program Manager participating in a morning television show on the national broadcast on World TB day (Credit: TBC Journalist)*

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

### **Disclaimer**

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## 1. Quarterly Overview

Country	Tanzania
Lead Partner	KNCV Tuberculosis Foundation
Other partners	PATH, ATS
Work plan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

### Most significant achievements:

- In support of the National Advocacy, Communication and Social Mobilization (ACSM) strategy which is an integral part of the End TB strategy, Challenge TB (CTB) project supported the NTLP to develop and pilot an ACSM training package to be used to train health care workers and community health care workers to enhance prevention, early detection and treatment of tuberculosis (TB) in the country. The materials will be used to train 90 community health workers in the next quarter from 3 districts (Kinondoni, Meru and Geita).
- To commemorate World TB Day, CTB Tanzania and the National Tuberculosis and Leprosy Program (NTLP) conducted a 4 days' TB screening campaign in three CTB districts of Meru, Kinondoni and Geita. This campaign involved raising awareness and knowledge of TB in communities by use of speakers to announce TB messages and distribution of flyers in communities and market places. In Geita region, the screening targeted the small-scale mining communities. In collaboration with a USAID-supported local organization – Tanzania Communication and Development Center -- CTB staff participated in radio magazine programs in various stations in the days leading up to World TB Day. Out of a total 2,040 people screened using a standard TB screening questionnaire, 1,159 (57%) were presumptive cases. Of the presumptive cases, 902 (77%) were tested for HIV; 34 (3.8%) of them were found to be HIV infected and referred for HIV care and treatment; among the presumptive cases 16 (0.8%) were found smear positive, 4 were smear negative and 1 had extra pulmonary TB. All 21 (1%) confirmed TB cases were initiated on anti-TB medication. The relatively low yield from this ACF intervention underlines the importance of GeneXpert scale-up and supply management in Tanzania (there was a shortage of Xpert cartridges at the time of the ACF activity, which is currently being addressed) and the need to critically examine ACF strategies to inform future activities.
- One of the main challenges observed in the first few months of the implementation of the CTB project were the inadequacies of the current system of External Quality Assessment (EQA) for direct smear microscopy in CTB regions. In order to ensure quality smear evaluations a strong EQA program must be in place. In order to improve EQA performance in all its regions, a refresher training on effective implementation of an EQA system of smear microscopy for 44 laboratory staff and district coordinators was conducted in CTB regions. Out of 342 microscopy sites, 314 (92%) participated in the EQA program this quarter; 16 discordant samples were reported by second recheckers. For further continuity of the program CTB recruited an EQA technical officer seconded at CTRL who will focus primarily on improvements of smear microscopy and the current system for EQA country-wide.
- With support from CTB, the Central Tuberculosis Reference Laboratory (CTRL) worked on identified areas for improvement from quality systems assessment performed by KNCV consultant last quarter. In addition, other focus areas for improvement were identified through an assessment done by the East Africa

Public Health Laboratory Network Program (EAPHLNP) in the third quarter of 2015 towards ISO 15169 accreditation. Activities included: 1) improvement of documentation; 2) in-house training for staff; 3) use of Standard Operating Procedures (SOP); and 4) reorganization of the laboratory for an improved workflow. By acting on recommendations offered by these two assessments, the CTRL raised its status under the Strengthening Laboratory Management Toward Accreditation (SLMTA) program from 2 to 3 stars. Improved knowledge and skills of district coordinators as a result of ongoing supportive supervision and mentoring has resulted in better performance as well as reinstitution of activities such as pediatric case finding and TB screening in Health Care Workers (HCW). Pediatric case notification increased from 9.3% of all notified cases in Q1 (Oct-Dec 2015) to 11% this quarter (Q2 Jan-Mar 2016).

- A total of 760 HCWs from all CTB regions were screened for TB, with 7 (0,9%) health care workers diagnosed to have TB (4 by CXR, 3 SS +ve) during the reporting quarter compared to last quarter where none were screened. CTB will monitor yields from HCW screening in the coming quarter and refine recommendations to ensure a more cost-effective approach if the yields remain low.
- The recording and reporting tools training of coordinators also improved documentation, timely reporting, quality of data reported and understanding of USAID/PEPFAR indicators and reporting requirements. A total of 6,054 all forms of TB cases were notified during the reporting quarter, a decrease by 15 cases from previous quarter. 5,812 (98%) of them were tested for HIV and received their results, of whom 1,956 (33%) were HIV co-infected. 1,792 (92%) TB cases were initiated on anti-retroviral treatment this quarter, compared to 631 (80%) in the previous quarter. 1,932 (99%) HIV co-infected patients were started on co-trimoxazole preventive therapy compared to 725 (92.4%) in the previous reporting period. Pediatric notification raised from 9.3% last quarter to 11.3% this quarter. Private providers contributed to 8.6% of the total notification.

#### **Technical/administrative challenges and actions to overcome them:**

- During the TB screening campaigns there was no opportunity for people with presumptive TB to bring a morning sample as the team was moving from one place to another for screening; it is suggested that screening campaigns be done for more days to allow collection of two samples (spot-morning) and in future to consider use of GeneXpert and digital x-ray in TB screening campaigns.
- A critical shortage of GeneXpert cartridges in the country occurred during the quarter as a result of inadequate forecasting and the phase out of non-CTB implementing partners without a proper handover plan. KNCV facilitated a meeting where stakeholders devised a redistribution plan for available cartridges and a forecast for consumption of cartridges for the 64 machines in the country to the end of the year. CTB is working closely with the NTLP to follow up on distribution of cartridges procured by different stakeholders. CTB will play a key role in assisting the CTRL to strengthen the quality and coverage of GeneXpert services including cartridge forecasting and distribution together with the other stakeholders.
- Aligning NTLP against CTB schedules has been a challenge resulting in delays in accomplishing some of activities such as finalization or updating key documents eg. TB/HIV training materials and Pediatric TB guidelines which CTB could not

pursue without the NTLP's participation. This is as a result of high workload to NTLP staff as well as demand from various stakeholders; action taken includes exchange of schedules and close follow up.

- Achieving TB case detection targets has been a challenge. This has been attributed to inadequate community involvement in active case finding, low suspicion index by HCWs and interrupted laboratory supplies. Joint efforts to address these challenges are underway, including implementation of the ACSM and FAST strategies and community TB care guidelines, continuous mentorship for health care workers and assisting in forecasting of laboratory supplies.
- The planned decentralization of Programmatic Management of Drug-resistant TB (PMDT) services from the Kibong'oto Infectious Diseases hospital has not been proceeding as expected. Dissemination of assessment findings was done during the quarter. The ward previously identified at the Muhimbili National Hospital has been reallocated to serve another purpose while bills of quantities for renovations sent by Mbeya and Bugando Referral Hospitals have exceeded the amounts budgeted by Challenge TB. Some adjustments suggested in the bill of quantities submitted are not in line with the USAID's rules and regulations and have been sent back to be revised (e.g., requests for items that cannot be procured with USG funds). The NTLP is renegotiating with the sites and is trying to solicit more funds from the Global Fund.

## 2 Year 2 activity progress

### Sub-objective 1. Enabling environment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support implementation of the 2013 ACSM strategy - with behavior change strategies focused on key populations (PATH lead activity) - CHS	1.2.1	ACSM material piloted in 3 districts.	Information, Education and Communication (IEC) materials targeting key population developed. IEC materials related to TB, TB/HIV and MDR-TB printed. 90 HCW and CHCW trained on ACSM	ACSM interventions assessed in 3 districts		<p>The ACSM training materials have been piloted with technical assistance from PATH HQ and approved by the NTLP</p> <p>HCW and Community Health Care workers (CHCW) were not trained due to delayed approval of the training materials from the NTLP</p> <p>IEC materials (leaflets, posters, and radio spots) targeting key populations were developed and are currently in editorial work. They have not been printed.</p>	Partially met	<p>Following approval of use of ACSM materials in the end of the quarter these trainings will be done in the next quarter in three districts of Meru, Kinondoni, and Geita</p> <p>IEC materials will be sent for graphic design, pre-tested and printed then distributed to health facilities implementing Directly Observed Therapy (DOT) services.</p>

Implement the Quote TB (light) tool in 3 districts (KNCV lead activity)	1.2.2	Quote TB Light tools reviewed, One Quote TB assessment training conducted, Quote TB assessment done in 3 districts	Quote TB stakeholders meeting conducted in Arusha, Dar, Mwanza, Kilimanjaro, Zanzibar, Geita & Pwani, Quality improvement plans implemented	Quality improvement plans implemented	Quality improvement plans implemented	Quote TB tools were reviewed and assessment was done in Ukerewe, Arusha DC, and Ilala districts in November 2015 by conducting in-depth interviews and focus group discussions. The assessment tool and report has been finalized and approved for dissemination.  Stakeholders' meetings could not be held during the quarter as approval for dissemination came in March 2016.	Partially met	Quality improvement initiatives based on the results of the assessment will be initiated in collaboration with NTLP, regional and district authorities. A stakeholders' meeting will be held in Q3 to share the results and develop action plans for quality improvement.
Engage CSOs and FBOs into TB control (PATH lead activity)	1.2.3	Quarterly supportive supervision and mentorship conducted in 3 districts	Quarterly supportive supervision and mentorship conducted in 3 districts	Quarterly supportive supervision and mentorship conducted in 3 districts	Quarterly supportive supervision and mentorship conducted in 3 districts	Civil Society Organizations (CSO) have not yet been engaged	Not met	Due to delay in approval of APA2, CSO engagement was delayed. Criteria for selection of CSOs have been identified and shared with PATH HQ for review.  Hiring of Capacity Building Officer (CBO) was also delayed, she is now on board and CSO engagement will be done next quarter.

Support implementation of M-Health in TB control - CHS	1.4.1			Studies, best practices and lesson learned on M-Health reviewed			N/A	
--	-------	--	--	---	--	--	-----	--

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks ( <i>reason for not meeting milestone, actions to address challenges, etc.</i> )
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Facilitate (funding and TA) the Laboratory Technical Working Group	2.1.1	1 Lab TWG meeting	1 Lab TWG meeting	1 Lab TWG meeting	1 Lab TWG meeting	The lab Technical Working Group (TWG) meeting for the first quarter was not held due to competing priorities. However, the meeting was held in the 2 <sup>nd</sup> quarter.	Partially met	Due to competing priorities among the members of the Laboratory Technical Working Group this milestone was not met in Q1. A meeting calendar for these meetings was developed during Q2'sto allow stakeholders to plan early.
Update and finalize TB laboratory strategic plan/operational plan (including Xpert Roll-out plan) - PEPFAR	2.1.2	1 meeting for finalizing the laboratory strategic plan & printing of SP done				The meeting for finalizing the strategic plan was not held as it is yet to be finalized	Not met	The first draft of the document has been received from the consultant and is currently being reviewed in country. Costing of the plan will be done by a local consultant before the



								plan is finalized next quarter
Optimize non-functional TB microscopy centers with functional microscopes and appropriate minor infrastructural renovations	2.1.3			10 LED Microscopes procured, installed and functional		10 LED microscopes have been procured, installation and training of laboratory staff on use and routine maintenance will be done next quarter		This activity was planned for Q3 but done in Q2
Continue support for the process of accreditation of CTRL with assessments and trainings of CTRL staff expected to be done by an external consultant.	2.2.1		TA for CTRL accreditation provided Training conducted. Refurbishment of ctrl following recommendation conducted		2nd TA for CTRL accreditation provided Training conducted	This activity was planned for Q2 but was conducted in Q1 as it was postponed in APA1 due to unavailability of external consultant at the proposed time in Q4 APA1. Assessment of the CTRL and a workshop on Quality Management towards ISO accreditation was done with technical assistance from KIT. Staff have continued working on recommendations made which include improvement of the QMS documents, in house training for staff and better	Met	The next assessment is planned for next quarter

						arrangement of the laboratory. This has enabled CTRL to move from 2 to 3 stars this quarter following an assessment done by East Africa Public Health Laboratory Network Program		
Train EQA supervisors on effective EQA and mentorship	2.2.3	44 lab supervisors trained on effective supervision and mentorship				41 (35 males and 6 Females) laboratory supervisors from 5 CTB regions were trained. Due to delay in approval of APA2 this milestone was achieved in quarter 2 instead of quarter 1	Met	Staff from 2 remaining regions will be trained next quarter
Conduct a national microscopy network accreditation assessment in Year 2	2.2.4		Microscopy network assessment done in 3 regions			Assessment was not done during the quarter. Assessment tools have been prepared.	Not met	This assessment could not be done due to conflicting activities with the proposed consultant. The assessment will be conducted in Q3.
Support the preparation of GeneXpert EQA panels in the country - PEPFAR	2.4.2		2 Laboratory personnel trained on the development of GeneXpert EQA panels	Training attended.	EQA for GeneXpert initiated		Not met	The CDC Atlanta indicated subsequent to APA2 approval that they cannot host Tanzania participants this year for this activity so the activity has been cancelled. Funds will be reallocated to another activity.

Use existing GXAlert systems at the CTRL to inform optimization of the utilization of GeneXpert	2.4.3	30 gene Xpert machine installed with GxAlert and functional				<p>51 machines out of 64 machines in the country are linked to the GX Alert system, this was done by CTRL with support from FIND prior to CTB project implementation.</p> <p>10 of the remaining machines will be linked with CTB support and 3 by FIND. One day refresher training on GXalert connection for laboratory and IT technicians was facilitated by FIND during the quarter</p>	Partially met	This could not be done as a result of conflicting priorities with FIND when trying schedule training for laboratory and IT personnel to facilitate this activity and also to select sites for installation as they also have a similar activity. Installation of GxAlert will be done in Quarter 3.
Expand GeneXpert services to 4 priority districts	2.4.4		4 GXP machine procured, installed and training of lab personnel conducted	25 clinicians trained on geneXpert technology	GeneXpert machines maintained Laboratory services in 1 region mapped	GeneXpert machines have been procured. Sites for distribution have been identified based on TB/HIV burden and convenience of sample referral linkage from lower level health facilities.	Partially met	Installation and training of laboratory personnel will be done next quarter.
Support use of locally available means of transportation such as motorcycles in	2.6.1	Specimen transport system functional	Specimen transport system functional	Specimen transport system functional	Specimen transport system functional	Implementation has been put on hold due to shortage of GeneXpert	Not met	Baseline data has been collected, motorcyclists identified and referral networks identified.

specimen transportation from peripheral health facilities to the districts in CTB priority regions.		from peripheral to districts in three regions	from peripheral to districts in three regions	from peripheral to districts in three regions	from peripheral to districts in three regions	cartridges		Systems have been put in place as we await the cartridge distribution from the Medical stores department.
---	--	---	---	---	---	------------	--	---



*Photo 2: Assistant Director of Diagnostic Services from the Ministry of Health, community development, gender, elderly and children Dr Charles Massambu opening the National TB Laboratory Technical Working Group meeting. (Credit: Edgar Luhanga)*

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Conduct targeted TB screening among children under 5, elderly people and diabetics - PEPFAR	3.1.1	TB screening among children under 5, old people and diabetics	TB screening among children under 5, old people and diabetics	TB screening among children under 5, old people and diabetics	TB screening among children under 5, old people and diabetics	<p>Targeted TB screening for children &lt;5 years was rolled out at 42 district hospitals in the quarter. A total of 11,083 children were screened in CTB regions out of which 0.5% (56) were confirmed to have TB</p> <p>CTB through district TB and TB/HIV coordinators continued to engage health care workers in active TB screening among children in all entry points, especially Maternal and child health clinics, pediatric wards and outpatient departments. About 676 (11.3%) children were notified in Q2 through ICF.</p>	Partially met	Systematic TB screening in diabetics and the elderly is not being done, however, symptomatic patients are investigated accordingly. National policy guidelines for collaborative TB/Diabetes activities have just been finalized and revision of the R&R tools has been suggested to the NTLP.

Support the decentralization process for PMDT and further support expansion of ambulatory care including supervision and mentorship of decentralized units, policy, programmatic and clinical expertise support (Lead: KNCV)	3.2.1	PMDT in 4 regional hospitals assessed.	Sensitization done in 4 sites.	PMDT in 3 regional hospitals assessed.	PMDT providers training conducted for 25 PMDT ambulatory sites	<p>A PMDT assessment was done at 5 proposed PMDT initiation sites in )ct - Dec, 3 met criteria requiring some renovations. Sensitization was done at the 3 sites in Q2. Bills of quantities have been submitted for renovations from 2 sites, both are being reviewed to meet USAID's rules and regulations.</p> <p>CTB participated in assessment of 4 facilities in Geita region for initiation of ambulatory PMDT services in collaboration with the NTLP with support from GFATM. 4 facilities in Mwanza and Dar es Salaam regions were also assessed. 32 other facilities were assessed in non-CTB regions country-wide.</p>	Partially met	<p>Assessment of more sites was not done in Q2, focus was on the 3 sites that qualified for initiation of PMDT services in the first assessment.</p> <p>7 more sites will be assessed next quarter as we work with the NTLP to strengthen the three already assessed sites (Muhimbili, Bugando &amp; Mbeya referral hospitals).</p>
		Sensitization & PMDT	PMDT providers	Sensitization &	Renovation done in 11	PMDT training was conducted in	Partially met	Sensitization and PMDT training was not

		providers training conducted for 4 proposed PMDT initiation sites.	training conducted for 4 proposed PMDT initiation sites	PMDT providers training conducted in 3 proposed PMDT sites.	regional hospitals	quarter 1 for 3 proposed initiation sites (Bugando, Mbeya and Muhimbili)  Sensitization was done to administration and Drug Resistant (DR) TB teams at the three facilities assessed during which dissemination of the assessment reports and action plans for initiation of PMDT services were developed.		done for more sites as services are yet to commence at the 3 previously assessed sites.
		PMDT providers training conducted for 5 PMDT ambulatory sites	PMDT providers training conducted for 25 PMDT ambulatory sites	PMDT providers training conducted for 25 PMDT ambulatory sites	Coordination of patient care from diagnosis to treatment done timely	PMDT Training to ambulatory sites was not done because the training materials are outdated.	Not met	PMDT training for ambulatory sites will be conducted in Q3 after updating of the existing training materials under Global Fund (GF) support.
		PMDT training package finalized, printed & piloted in 3 sites.	16 regional PMDT trainers trained	Service providers from 25 sites with patients in continuation phase trained	Quarterly TWG meeting held	PMDT training materials (for initiation sites) were completed and piloted with participants from 3 proposed PMDT initiation sites. The materials are being finalized to incorporate	Partially met	The 24 participants trained from 3 sites will serve as regional trainers .

						<p>comments from the pilot training.</p> <p>Regional PMDT staff not trained as trainers.</p>		
		Service providers from 25 sites with patients in continuation phase trained	MDR TB short regimen protocol finalized	Quarterly TWG meeting held		<p>Service providers were trained during the piloting of the training materials.</p> <p>MDR TB short regimen protocol has not been finalized as we are still in discussion with international TA and NTLP.</p>	Partially met	DR-TB short regimen protocol will be finalized in Q3 during a stakeholders' meeting.
		Coordination of patient care from diagnosis to treatment done timely	Quarterly TWG meeting held			Quarterly TWG meeting was done in March.	Met	
		Quarterly TWG meeting held					Not met	Due to competing priorities in Q1 among the members of the PMDT Technical Working Group this milestone was not met last quarter. The proposed date for this meeting next quarter will be shared with stakeholders early for efficient planning.



Support Kibong'oto to become a national Center of Excellence for PMDT	3.2.2	Cohort and expert panel review meetings held quarterly	Cohort and expert panel review meetings held quarterly Short regimen protocol finalized	Cohort and expert panel review meetings held quarterly. MDR patients transported to treatment sites	Cohort and expert panel review meetings held quarterly. MDR patients transported to treatment sites	<p>In Q1, a cohort review workshop was conducted for 139 patients at month six of treatment for cohorts initiating treatment in quarters 1, 2, 3 &amp; 4 in 2014 and month 12 of Quarter 1 &amp; 2 in 2014. 14 individual cases with complications were reviewed by a panel of experts.</p> <p>This quarter's meeting was postponed to next quarter in order to give room for implementation of previously set action plans by the DR TB coordinator and CTRL.</p>	<i>Partially met</i>	<p>To ensure better data on interim outcomes a simple database has been developed to follow up DR TB patients from start to completion of treatment</p> <p>CTB will work with the NTLP to strengthen the laboratory result' feedback mechanism using m-health at CTRL which has persistently been a challenge.</p>
		TOR for cohort and expert panel reviews A national clinical DR TB team established				CTB with TA from ATS piloted the new enhanced cohort tool and SOP for regional cohorts. This has been incorporated in the reviewed PMDT training package.	Met	

						A DR –TB team of experts from different fields has been identified to serve as the national consilium for DR TB.		
		MDR patients transported to treatment sites	MDR patients transported to treatment sites	MDR patients transported to treatment sites	MDR patients transported to treatment sites	37 and 40 patients diagnosed with MDR TB were transported to Kibong'oto with support from Global Fund in Q1 and Q2 respectively.	N/A	The NTLP received funds from Global Fund for implementing this activity in Q1 and Q2; CTB will support this activity in Q3 and Q4
Support development of model TB/HIV one stop shops	3.2.3	Assessment conducted in 14 health facilities one in each of the 7 priority regions.	2 facilities renovated			13 health facilities were assessed for capacity to provide integrated TB/HIV services under 'one stop shop' model of care. Bills of quantity (BOQs) were received from two facilities for minor renovation.	Partially met	More health facilities will be assessed in the next quarter, as well as the renovation work.  Processes for BOQs took longer than expected. Renovations will be done after the NTLP is in agreement with the proposed sites in the next quarter.
To disseminate national TB/HIV policy guidelines and conduct comprehensive TB/HIV training packages and printing.	3.2.4	National TB/HIV policy guidelines stakeholders' dissemination meeting held	Comprehensive TB, TB/HIV training provided to 20 TOTs and 120 HCWs. Copies of updated national			The TB HIV policy dissemination did not take place.  TB/HIV training did not take place.	Not met	Both activities are awaiting approval of the policy document from the Ministry of Health.  Training of health care workers is planned for next quarter.

			TB/HIV policy & training materials printed					
Strengthen coordination and collaboration of TB/HIV services	3.2.5	Quarterly Regional and District TB/HIV Coordination meeting held	Quarterly Regional and District TB/HIV Coordination meeting held	Quarterly Regional and District TB/HIV Coordination meeting held	Quarterly Regional and District TB/HIV Coordination meeting held	Regional TB/HIV coordination meetings took place in 5 out of 7 priority regions this quarter (2 in previous quarter).	Met	Both frequency and pattern of the meetings were revised; these meetings will be conducted biannually at regional level with 4 members from each district and 8 from the regional team participating. 5 regions conducted their first meeting this quarter, while 2 (Dar & Pwani) conducted in the last quarter.

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Develop National Policy Document, Guideline, SOPs and M&E tools for Contact investigation.	4.1.1		M&E plan for CI developed		SOPs for CI developed	Currently the NTLP is developing Community TB Care Guidelines which will include CI activities and incorporate CI indicators in the M&E plan	Partially met	Second and final review of the Community TB Care Guidelines is expected to be conducted first week of April 2016. Consultant from ATS will facilitate the stakeholder meeting.

Mapping and Assessment of congregate setting (mining, etc)	4.1.2		Mapping of congregate settings done Existing CI activities assessed Assessment conducted in 7 regions,			Mapping of congregate settings has been done. Mines: Small scale – 42, large scale – 2, Drug rehabilitation centers – 8, orphanages and elderly homes – 67  Contact investigation is not being done systematically as there are no funds to support contact investigation in the community. There has been poor response when contacts are invited to be screened at health facilities.	Met	Contact investigation is expected to be taken up by CSOs in 3 districts that will be engaged next quarter after being trained.
Develop/review training materials for CI and pilot CI training materials - CHS	4.1.3		CI Training material developed, CI sensitization materials developed, CI recording and reporting forms developed,	TOT training on CI conducted, IEC materials on CI developed and pre-tested, Stakeholders meeting	IC IEC materials printed,	The NTLP has developed a Community TB Care training package that has included Contact Investigation. Recording and reporting tools have also been developed. CTB provided technical assistance through	Met	

				conducted in 7 districts, Sensitization meeting conducted in 7 regions,		ATS.		
Support active case finding for TB, TB/HIV and MDR-TB among key population (support will be given to pediatric TB and bi-directional screening of patients with TB and diabetes)	4.2.1	Policy document for active TB case detection and care developed. TB Diabetic Guidelines developed	TB Diabetic Guidelines developed TB/HIV national guidelines updated	Pediatric national guidelines updated. TB screening campaign conducted in 3 districts among key population		National TB/Diabetes Policy Guideline has been finalized.  TB/HIV national guidelines have been updated.	Met	National TB/Diabetes guideline pending Ministry approval.  TB/HIV national guidelines have been updated pending Ministry approval.

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Strengthen infection control in decentralized PMDT units and TB/HIV settings.	5.1.1	6 health facilities assessed	6 health facilities assessed	6 health facilities assessed	6 health facilities assessed TB IPC plans developed and implemented in 24 health facilities	13 health facilities were assessed for capacity to provide collaborative TB/HIV services. Key findings include inadequate space for service provision, inadequate natural ventilation. Over half of these health facilities have neither TB IPC plan nor IPC focal person, and IPC measures are partially implemented. There is a knowledge gap among health care workers as well as inadequate number of staff providing TB services..	Met	Each health facility developed a local action plan to address issues and areas for improvement. These will be evaluated according to the agreed timelines.  CTB will support minor renovations at 2 sites.
Conduct targeted TB screening among health care workers	5.2.1	Health care workers from 42 districts screened	Health care workers from 42 districts screened	Health care workers from 42 districts screened	Health care workers from 42 districts screened	Health care screening was a challenge in Q1, of the 42 districts under CTB support only 2 (4.8%)	Partially met	A HCW screening tool was disseminated to all the districts at the beginning of the quarter for screening to be done systematically starting

		for TB	for TB	for TB	for TB	<p>managed to report HCWs screened.</p> <p>HCWs screening sensitization continued in quarter 2 with varied response from the districts. A total of 760 HCWs were screened, 7 were found to have TB and started on treatment.</p>	<p>with district hospitals and health centers.</p> <p>It is a process. Efforts continue in sensitizing HCWs in all priority districts. Uptake of HCW screening has been poor partly due to absence of a policy for HCW screening. Some coordinators have demanded a policy to guide this intervention. This has been discussed with the NTLP manager who suggests drafting this policy expecting uptake will improve if it is a ministerial directive; a general policy for TB screening in the workplace exists. We continue to collect data as baseline.</p>
--	--	--------	--------	--------	--------	--	--

Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Ensure proper recording and reporting of IPT to children < 5 years that are contacts to smear positive TB patients	6.1.1	IPT to children < 5 years properly recorded and reported to central	IPT to children < 5 years properly recorded and reported to central	IPT to children < 5 years properly recorded and reported to central	IPT to children < 5 years properly recorded and reported to central	<p>Only 2 regions of Arusha and Kilimanjaro documented IPT provision in Q1 and reported a total of 28 children.</p> <p>Sensitization and mentorship to HCWs and their supervisors has yielded a positive response in the 2<sup>nd</sup> quarter with 128 children reported.</p>	Met	<p>Mentorship on provision of INH prophylaxis to children under 5 years who are contacts to smear positive patients and documentation continues during supportive supervision and review meetings. A template for recording information on children on IPT has been circulated. A formal R&amp;R tool will be customized in agreement with the NTLP to be printed and distributed</p> <p>Several districts are facing shortage of Isoniazid. The NTLP has been informed and is working to solve it. Meanwhile redistribution among health facilities was a temporary measure.</p>



Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Engage key policy and political leaders for resource mobilization	7.2.1		Key policy and political leaders together with business and corporate committed to support TB activities during world TB day	Key policy and political leaders together with business and corporate committed to support TB activities during a special forum with the new parliamentary health committee		Political and business leaders could not be engaged during the quarter. Engagement of political and business leaders will be done after establishment of the Stop TB partnership next quarter.  Advocacy and sensitization were done in the days leading up the world TB day through participation in Radio programs, one TV program and public announcements in the community and market places	Partially met	Planned for Q3



Photo 3: TB Screening during commemoration of World TB Day at Mwanayamala – Dar es Salaam. (Credit: Viocena Mlaki)

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support national STOP TB Partnership meetings - CHS	8.1.1	National Stop TB partnership meeting conducted			National Stop TB partnership meeting conducted		Not met	Due to conflicting priorities among the stakeholders to be engaged, this meeting was not held. This activity will be implemented in Q3.

Support launching of the NTLP's national strategic plan. - CHS	8.1.2		NTLP's strategic plan launched				Not met	The NTLP has not yet launched the strategic plan.
Support printing of the NTLP's national strategic plan - CHS	8.1.3		NTLP's strategic plan printed				Not met	The NTLP has not yet launched the strategic plan.
To support the annual RTALC's meeting - CHS	8.1.4				Annual RTALC's meeting held		N/A	
Follow up and document Global Fund implementation in Tanzania	8.2.1	Global Fund implementation status reported	Global Fund implementation status reported	Global Fund implementation status reported	Global Fund implementation status reported	GF is supporting the NTLP in the following areas: Improving case detection for TB, improving TB diagnostic capacity, scaling up Programmatic Management of Drug Resistant TB, community systems' strengthening, and reduction of stigma and discrimination and TB/HIV collaborative services.  In Q2 CTB participated in a Global Fund situation room meeting together with USAID	Met	

						representatives where challenges facing the program were discussed and action points set.		
--	--	--	--	--	--	---	--	--

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Further surveillance development (Focus on data management, utilization and system management) in challenge TB area based on the roadmap developed from the Year 1 assessment and stakeholders meeting. - CHS	10.1.2				7 regions visited for surveillance assessment	Worked with NTLP and DHIS developers to discuss the ERR system' functionalities and set up a roadmap for implementation.	N/A	Progress of implementation will be assessed in quarter 4.
Conduct necessary trainings to ensure successful uptake and implementation of new forms - CHS	10.1.4	Trainings conducted in 12 districts	Trainings conducted in 26 districts			DTLCs from all 46 CTB supported districts were trained in Q2.	Met	Service providers will be trained in APA 3.
Support development of RDQA tool to be used under Challenge TB and NTLP in routine data quality	10.1.5		RDQA Tool developed	DQA conducted in 6 CTB regions		Started working with NTLP to solicit a local consultant to work on a draft RDQA tool that has	Partially met	Tool will be ready in Q3 and DQA will be performed in Q3 and Q4.

monitoring. Conduct data quality assessment (DQA)						already been developed by the NTLP.		
Conduct one data quality assessment	10.2.2				DQA conducted in 7 regions		N/A	Planned for Q4.
Support a one Day TB Operational Research Meeting	10.2.3		OR meeting conducted			Meeting not conducted.	Not met	Meeting will be conducted in Q3 after receiving proposals for operational research from post graduate students from the Muhimbili University of Health and Allied Sciences.
Conduct an operational research focusing on the barriers to timely definitive diagnosis and treatment after TB suspicion. - CHS	10.2.4			Research protocol developed and approved	Research protocol developed and approved	A request for proposals has been sent to the Muhimbili University of Health and allied sciences for postgraduate students to apply. Applications will be discussed in the operational research meeting by committee members.	N/A	Planned for Q3.

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Supportive supervision meetings in priority regions - PEPFAR	11.1.1	Quarterly central, regional & district supervisions conducted Quarterly performance review meetings	Quarterly central, regional & district supervisions conducted Quarterly performance review meetings	Quarterly central, regional & district supervisions conducted Quarterly performance review meetings	Quarterly central, regional & district supervisions conducted Quarterly performance review meetings	Supportive supervision at all levels conducted as planned. Performance review meetings done in all regions.	Met	
Technical supervision	12.1.1		Technical supervision		Technical supervision	Technical focal point from HQ visited in February.	Met	



*Photo 4: Regional TB coordinator for Dar es Salaam mentoring nurse on TB screening among people living with HIV (Credit:Viocena Mlaki)*

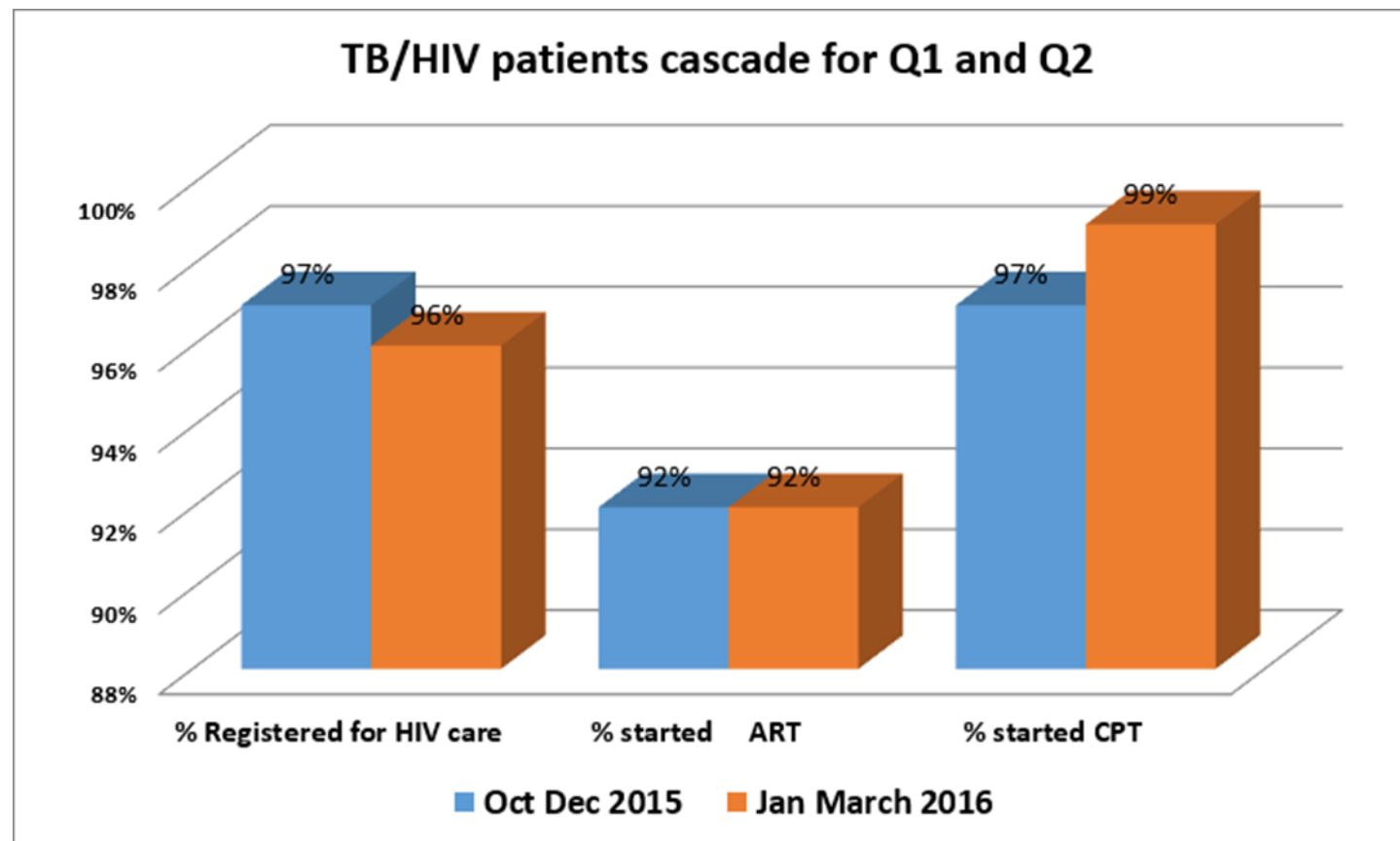


Figure 1: Trend of TB/HIV service provision in CTB regions



### 3. Challenge TB's support to Global Fund implementation in Year 2

#### Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
TNZ-607-GO9-T	A2	A1	US\$ 33.9 m	US\$ 33.9 m	
TB/HIV NFM – MoF	Not available	Not available	US\$ 21,377,285	US\$ 5,660,590	Not available

\* Since January 2010

#### Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Tanzania is a beneficiary of a Global Fund grant titled 'Sustaining the momentum and improving the Gains for HIV/TB' under the grant name: TZA-T-MOF. This grant was based on a joint TB/HIV concept note submitted by the Tanzanian Country Coordinating Mechanism (TNCM) in 2014. The Concept Note was developed based on: (1) National policies and strategic plan priorities; (2) Geographic burden of diseases; (3) Burden of disease among key populations and other vulnerable populations; (4) Addressing factors that reduce program efficiency; and (5) High impact interventions. For the TB disease component, identified priority interventions include; improving case detection for TB, improving TB diagnostic capacity, scaling up Programmatic Management of Drug Resistant TB, community systems' strengthening, reduction of stigma and discrimination and TB/HIV collaborative services.

The program is being implemented by two Principal Recipients (PRs): A public PR – Ministry of Finance and a private PR – Save the Children. Ministry of Finance will focus on procurement of health commodities and medicines, strengthening Health Management Information Systems (HMIS) and service delivery to the health facility level; Save the Children will focus on interventions at community level. For the Tuberculosis component, the GF grant is being implemented for 2.5 years from July 2015 to December 2017.

The NTLF is implementing the grant as a sub recipient of Ministry of Finance (the public PR) and so far two cash transfers have been released by the Global Fund as follows: US\$ 2,924,844 to the PR for activity implementation and US\$ 2,735,746 to GDF for procurement of first and second line ant TB medicines.

Key challenges in grant implementation include; (1) slow cash transfers within the Government of Tanzania system (Ministries – MoF, MoHSW, PMORALG, Regional Authorities and Local Government Authorities), (2) prolonged procurement processes in line with the Public Procurement Act of 2011(PPRA), and (3) inadequate human resource capacity at all levels of the health system.

These challenges were discussed during the Joint TB situation room partners' mission in context of implementation through partnership visit in February 2016. The mission consisted of representatives from WHO, GF, Stop TB partnership and USAID. Areas of focus identified during the mission included; PMDT scale up, laboratory services support, TB case finding, NGO engagement, community based activities, procurement and supply management as well as program and grant management. Challenge TB is working with the NTLP to address the challenges and will focus on the areas identified when planning for APA 3.

## 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	World TB day: TB screening campaign
<b>Sub-objective of story:</b>	3. Patient-centered care and treatment
<b>Intervention area of story:</b>	3.1. Ensured intensified case finding for all risk groups by all care providers
<b>Brief description of story idea:</b>	<p>Tuberculosis (TB) is a major cause of morbidity and mortality in developing countries and Tanzania is thirteenth among the 22 high TB burden countries in the world. In 2015 the World Health Organization (WHO) estimated that the prevalence of all forms of TB was 528 per 100,000 with an incidence of 327 per 100,000. The estimated case detection rate was 36%, however the 2012 prevalence survey showed that the case detection rate was in fact much higher at around 50%. The NTLP report of 2014 shows that there were 63,151 cases of all forms notified, which shows a decline of 3.9% or 2,581 cases compared to the year 2013. This called for a TB screening campaign during the 2016 World TB day in 3 districts of Meru in Arusha region, Kinondoni in Dar es Salaam region and Geita in Geita region. The districts were selected based on the presence of key populations (i.e. people living with HIV, small scale miners and people who inject drugs) and low TB case notification. The theme for the year 2016 was "Ending TB", the campaign aimed to raise awareness and knowledge of TB in communities. In the days leading up to the world TB day Challenge TB participated in health related radio magazine programs at three radio stations in Dar es salaam and one in Geita in collaboration with NTLP staff. Discussions during the live shows included TB transmission, prevention, symptoms, treatment and outcome options. Listeners also got a chance to call in to ask questions related to TB control activities.</p> <p>The activities conducted included TB screening, sputum collection and examination, health education and referral of presumptive cases for further diagnosis especially for those who were not able to produce sputum. Regional and district coordinators, village chairpersons, sputum fixers and laboratory personnel were involved in the campaign.</p> <p>Results show that out of 2,040 screened for TB 1,159 were presumptive cases, among them 16 were found smear positive, 4 were smear negative and 1 was extra pulmonary TB. Of those screened, 195 (9.6%) were children aged below 15 years; 97 were presumptive, 2 had smear positive TB, 1 smear negative and 1 was diagnosed with extra-pulmonary TB. All confirmed 21 TB cases were initiated on anti-TB medication. In order to detect more cases it is recommended that the campaign be held in more districts and for more days in order to allow follow up of presumptive cases and possibly consider using GeneXpert for sputum examination and digital x-ray in future TB screening campaigns as well as targeting much further key populations such as adult males to increase the yield in these activities.</p>



Photo 5: Small scale miners in Geita district queuing for TB screening on World TB day (Credit: Patrick Magasa)

**Status update:**

## 5. Quarterly reporting on key mandatory indicators

**Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)**

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	36	32	<p>49 MDR detected in Q2 by GeneXpert</p> <p>In reviewing the issue of the apparent backlog of MDR-TB patients not started on treatment, we noted there has been double counting as a result of not using the same unique identifier when samples are sent to a culture lab for DST. This has resulted in the NTLP reporting higher numbers than the reality. To solve this:</p> <ul style="list-style-type: none"> <li>• This is one of the questions expected to be answered by operational research.</li> <li>• We are negotiating with the NTLP to get names of those diagnosed and started on treatment so we can work on a mechanism for follow up of those missed. Currently they only give us numbers but the situation has improved this quarter with a discrepancy of only 9 patients.</li> <li>• ERR which CTB and GF is supporting is expected to solve this problem as it is expected to link laboratory results with TB &amp; DR TB data</li> </ul>
Total 2012	83	44	
Total 2013	95	95	
Total 2014	218	144	
Total 2015	272	124	
Jan-Mar 2016	49	40	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			
TOTAL			

**Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)**

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
---------	---	---	-----------

Total 2014	0	0	<p>The XDR-TB patient who started BDQ/Linezolid based DR-TB treatment regimen in December 2015 is still on treatment this quarter</p> <p>1 pre-XDR patient was initiated on a Bedaquiline based regimen this quarter.</p> <p>We do not have Delamanid in the country</p>
Total 2015	1	0	
Jan-Mar 2016	1	0	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

**Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)**

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area <i>(List each CTB area below -</i>						Data from non-CTB regions is currently not available
	ARUSHA	847 (14%)	810(13.3%)				
	DAR ES SALAAM	2356 (38.8%)	2268(37.4%)				
	GEITA	486 (8%)	578(9.5%)				
	KILIMANJARO	596 (10%)	572(9.4%)				
	MWANZA	971 (16%)	1040(17%)				
	PWANI	573 (9.4%)	585 (9.6%)				
	ZANZIBAR	240 (4%)	201(3%)				
	TB cases (all forms) notified for all CTB areas	6,069	6,054				
	All TB cases (all forms) notified nationwide (denominator)	16,045	Data not available yet				
	% of national cases notified in CTB geographic areas	38%					
Intervention (setting/population/approach)							
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention						Data for Arusha region for last quarter was inaccurate. 604 was notification by public facilities. Private facilities contributed 243 patients
	ARUSHA	243	258				
	DAR ES SALAAM	320	103				
	GEITA	12	0				
	KILIMANJARO	55	29				
	MWANZA	23	20				
	PWANI	86	110				
	ZANZIBAR	1	3				
	TB cases (all forms) notified from this	740	523				
	All TB cases notified in this CTB area	6069	6054				
	% of cases notified from this intervention	12.2%	8.6%				
Children (0-	CTB geographic focus for this intervention						

14)	ARUSHA	124	111			
	DAR ES SALAAM	156	188			
	GEITA	21	64			
	KILIMANJARO	68	62			
	MWANZA	102	143			
	PWANI	72	78			
	ZANZIBAR	24	40			
	TB cases (all forms) notified from this	567	686			
	All TB cases notified in this CTB area	6069	6054			
	% of cases notified from this intervention	9.3%	11.3%			
Intensified case finding (ICF) (e.g. health facility-based case finding)	CTB geographic focus for this intervention					
	ARUSHA	139	140			
	DAR ES SALAAM	429	403			
	GEITA	98	151			
	KILIMANJARO	125	136			
	MWANZA	231	252			
	PWANI	160	115			
	ZANZIBAR	28	15			
	TB cases (all forms) notified from this	1210	1212			
	All TB cases notified in this CTB area	6069	5931			
	% of cases notified from this intervention	20%	20%			





**Photo: Field coordinator for Dar es Salaam mentoring nurse on TB screening among children attending under fives' clinic (Credit: DTLC Kinondoni)**

## 6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Katja Lumelova				X	Program supervision and APA3 planning	Pending			Proposed dates: 4 – 8 July 2016
2	KNCV	Ena Madsen		X			Project officer mentorship	Complete	22 – 26 February 2016	5 days	
3	KNCV	Ellen-Jane Burgrust/Erika/Lucian				X	Finance department supervision	Pending			Proposed dates: 4 – 8 July 2016
4	KNCV	Katja Brenninkmeijer			X		HR management mentorship	Pending			25 – 29 April 2016
5	KNCV	Vishnu Mahamba		X			To attend International meeting week	Complete	1 – 5 February 2016		
6	KNCV	Vishnu Mahamba			X		To attend Country Director's meeting	Pending			Proposed dates: 20 – 24 June 2016
7	KNCV	Pamela Kisoka			X		To attend Country Director's meeting	Pending			Proposed dates: 20 – 24 June 2016
8	KNCV	Amon Mrutu				X	To attend International Finance week	Pending			1 – 5 Aug 2016
9	KNCV	External consultant – selection pending				X	Continue support for the process of accreditation of CTRL with assessments and trainings of CTRL staff.	Pending			Proposed dates: 1 – 20 July 2016
10	KNCV	Valentina Anisimova			X		Conduct a national microscopy network accreditation assessment	Pending			Proposed dates: 1 May 2016

1 1	KNCV	Edgar Luhanga					Participate in workshop on GeneXpert EQA in Atlanta (USA)	Cancelled			Funds will be reallocated to facilitate the laboratory technical officer to attend a laboratory workshop in The Hague in June 2016
1 2	KNCV	Marleen Heus		X			Support the decentralization process for PMDT and further support expansion of ambulatory care – Piloting of PMDT training materials & Training of decentralized sites	Complete		16 – 25 January 2016	
1 3	KNCV	Victor Ombeka			X		Support the decentralization process for PMDT and further support expansion of ambulatory care: PMDT training for ambulatory care	Pending			Proposed dates: 1 May 2016
1 4	KNCV	Marleen Heus			X		Support establishment of a national STOP TB Partnership	Pending			Proposed dates: 30 May – 3 June 2016
1 5	KNCV	Nico Kalisvaart		X		X	Further surveillance development (Focus on data management, utilization and system management) in challenge TB area	Complete	18 <sup>th</sup> – 22 <sup>nd</sup> Jan 2016	5	Spent 7 days Remaining 7 days will be covered in 4 <sup>th</sup> quarter

							based on the roadmap developed from the Year 1 assessment and stakeholders meeting				
1 6	KNCV	Jerod Scholten		X			Technical supervision	Complete	22 February – 2 March 2016		
1 7	KNCV	Jerod Scholten				X	Technical supervision & APA3 planning	Pending			Proposed dates: 27 June – 8 July
1 8	ATS	Lisa Chen, Ann Raftery	X				Develop an implementation plan, new SOP and adapt new tool for regionalization of enhanced cohort review in line with the PMDT decentralization framework.	Complete	08 – 13 Nov 2015	5 days	
1 9	ATS	Lisa Chen, Ann Raftery			X		Train/conduct enhanced cohort review and support mentorship at a new regional site #1	Pending			
2 0	ATS	Lisa Chen, Ann Raftery				X	To conduct enhanced cohort review and support mentorship at new regional site #2	Pending			
2 1	ATS	Elizabeth Fair, Phil Hopewell		X			TA for development of National Policy documents (5 days in-country TA for a workshop)	Pending			This TA was modified. Elizabeth will travel in the first week of April to support the development of community TB care guidelines

											which have incorporated contact investigation.
2 2	ATS	Elizabeth Fair, Cecily Miller			X		TA for development of training materials and for training of trainers in country	Pending			
2 3	PATH	Lisa Mueller		X			Conduct interviews for the Capacity Building Officer position, with PATH's CTB staff develop detailed work plans, and provide technical inputs to ongoing ACSM/community engagement work. TA may include finalization or piloting of ACSM materials, developing criteria and selecting CBOs, or developing rollout training plans.	Complete	3-12 February 2016	8 days	Facilitate ACSM training in May 2016
2 4	PATH	Lisa Mueller			X		Co-facilitate (with the Community Engagement Officer) at least one of the ACSM trainings and work with participants to develop a 12 month ACSM plan. Work with the CBO Capacity Building Officer and the Community Engagement Officer	Pending			Planned for May/June depending on NTLP approval of training materials.

						to monitor and assess progress on ACSM plans and CBO capacity building efforts, identify challenges, make plans to address challenges. Together with the team, Use findings from the assessment to inform the beginning of planning for Year 3.				
2 5	PATH	Lal Sadasivan			X	Meet with KNCV Tanzania and PATH to discuss the Year 3 work plan. Review the overall PATH CTB program and provide specific insight and expertise to the pilot work, monitoring field activities to ensure that all activities are utilizing the best evidence and expertise.	Pending			
2 6	PATH	Lal Sadasivan			X	Support implementation of the 2013 ACSM strategy - with behavior change strategies focused on key populations. Lisa will return to assess progress on ACSM plan implementation, and work with CBOs to plan improvements	Pending			

							and ways to address any challenges identified to optimize impact of the ACSM activities.				
Total number of visits conducted (cumulative for fiscal year)								7			
Total number of visits planned in approved work plan								26			
Percent of planned international consultant visits conducted								26%			

## 7. Quarterly Indicator Reporting

<b>Sub-objective:</b>	<b>1. Enabling Environment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
1.2.4. TANZANIA SPECIFIC: # of districts where ACSM strategy is implemented.	Type of material/workshop	annually	0 (June 2015)	3	Measured annually	
1.4.2. Number of health facilities where quality of services was measured	Challenge TB area, others	annually	TBD (Dec 2015)	After the baseline	Measured annually	

<b>Sub-objective:</b>	<b>2. Comprehensive, high quality diagnostics</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	N/A	annually	0 (2015)	1	Measured annually	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country	N/A	annually	0/6 (0%) (2015)	0/6 (0%)	Measured annually	



<b>Sub-objective: 2. Comprehensive, high quality diagnostics</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).						
2.2.7. Number of GLI-approved TB microscopy network standards met	N/A	annually	3 (2015)	5	Measured annually	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	Disaggregated by New and Previously treated cases	Every six months	15% (2015)	20%	Every six Months	Still trying to get this data from the NTLP
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other).	Challenge TB area, others	Quarterly	83%: 55 GeneXpert (June 2015)	100% of available Gene Xpert machines are functional	CTB regions GeneXpert machines functionality 11/12 (91.6%)  Total GeneXpert machine in the country 72 Functional 67 (93%)	5 GeneXpert machines countrywide are not fully functional due to module failures however, defected modules were frozen and other modules are used for testing purpose. 1 machine is located in a CTB region (Amana Hospital), efforts to procure and replace the faulty module are underway.
2.4.6. #/% of new TB cases diagnosed using	Challenge TB area, others	annually	5% in June 2015	20% by end of Year 2 Target	Measured annually	

<b>Sub-objective: 2. Comprehensive, high quality diagnostics</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
GeneXpert.						
2.6.1. Average turnaround time from specimen collection/submission to delivery of result to the patient (stratified by microscopy, Xpert, culture, DST)	Challenge TB area, others	Quarterly	Microscopy: 48 hrs. GeneXpert: 24hrs. Solid Culture: 10 weeks. DST: 5 weeks (2014 CTRL Report)	Microscopy: 48 hrs, GeneXpert: 24hrs, Solid Culture: 8 weeks, DST: 4 weeks	Microscopy: 48hrs (For spot and morning specimens). GeneXpert: Within 24hrs (GeneXpert machine tests 1 sample at a time and it takes 2 hours to get results) Solid Culture 8-9 weeks, DST 4-5 weeks	Average TAT for solid DST varies due to the fact that TB Zonal Culture Laboratories send positive colonies for DST at CTRL. Currently only Mbeya Zonal Culture Laboratory performs Solid DST.
2.6.2. % of laboratory results disseminated via m-health or e-health systems to the provider	Challenge TB area, others	annually	0% (2015)	0.3	Measured annually	
2.6.3. % of laboratory results disseminated via m-health or e-health systems to the patient/community health worker	Challenge TB area, others	quarterly	0% (2015)	5% CTB	0%	Currently no m-health system exists beyond pilots that have been conducted—they were never scaled up. PATH is reviewing for lessons learned and way forward.
2.6.4. # of specimens transported for TB diagnostic services	Challenge TB area, others	quarterly	New cases: 3874 Retreatment 849 (2014) CTB: New cases 2199 & Retreatment 491	20 % increment from the baseline	Q2, Jan-Mar 2016: New cases:1264 Retreatment cases: 800  CTB: New cases 688 Retreatment: 417	
2.6.5. #/% of TB cases detected	Challenge TB area,	quarterly	0%	10%		

<b>Sub-objective:</b>	<b>2. Comprehensive, high quality diagnostics</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
through a specimen transport system	others					

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	KPI, Gender, age, geographical area	quarterly	National - 63,151 (all forms); CTB - 23,154 (all forms) (2014)	4800	Total cases: 6,054  Children: 676 (11%) Health-facility-based case finding: 1,212 (20%) Private sector: 523 (8.6%)  (Jan – Mar 2016?)	
3.1.4. Number of MDR-TB cases detected	Geographical area	quarterly	144 (2014)	179	49 MDR TB cases using GeneXpert machine 0 MDR TB cases using solid DST Mbeya and CTRL  <b>FROM CTB regions</b> 23 MDR TB cases using GeneXpert machine 0 MDR TB cases using solid DST from CTRL	
3.2.1. Number and	Gender,	annually	90% (2014)	90%	Measured annually	

<b>Sub-objective: 3. Patient-centered care and treatment</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	geographic area					
3.2.4. Number of MDR-TB cases initiating second-line treatment	Gender, geographic area	quarterly	144 (2014)	179	77 (37 - Q1, 40 - Q2)	
3.2.7. Number and percent of MDR-TB cases successfully treated	Gender, geographic area	annually	75% (2011)	80%	Measured annually	
3.2.10. #/% of planned cohort reviews conducted	Gender, geographic area	quarterly	2 (2014)	4	0	This quarter's cohort and expert review panel meetings were postponed to allow the NTLP and CTRL to work on previously set action points
3.2.11. % of HIV+ registered TB patients given or continued on CPT during TB treatment	Gender, geographic area	annually	>90% in 2012 according to NTLP annual report 2013	95%	Measured annually	
3.2.12. % of HIV-positive registered	Gender, geographic	annually	85% in 2014 according to	85% maintain the same for CTB	Measured annually	

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
TB patients given or continued on anti-retroviral therapy during TB treatment.	al area		NTLP data	area		
3.2.14. % of health facilities with integrated or collaborative TB and HIV services.	Gender, geographical area	annually	9% (2014)	30%	Measured annually	
3.2.24. % MDR patients who receive social or economic benefits.	Gender, geographical area	quarterly	0%(2014)	80%	85%	97 out of 114 patients Of these 47 are from CTB regions 18 females and 29 males
3.2.25. % of MDR patients that are no longer infectious receiving outpatient care	Gender, geographical area	quarterly	67% June 2015	80%	56%	114 out of 203 total MDR-TB patients

<b>Sub-objective:</b>	<b>4. Targeted screening for active TB</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
4.1.1. #/% of eligible index cases of TB for which contact investigations were	TB, DR TB patient contacts in CTB areas only	quarterly	CI 62% (2013-TB) DR TB 0% (June 2015)	80% for TB in CTB areas DR 20%	Data not available yet	Recording tools for contact investigation have recently been disseminated implementation of contact investigation will start after

<b>Sub-objective:</b>	<b>4. Targeted screening for active TB</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
undertaken. Indicator Value: Percent						completion of the community TB care guidelines that are currently being finalized.
4.1.3. % of confirmed TB patients by case finding approach (CI, ACF, ICF), by key population and location (ex, slum dwellers, prisoners) (Service cascade)	CI for Tb, DR TB patient contacts in CTB areas only	quarterly	CI: 3%(2014)	3% maintain the same	ICF in health facilities (20%) 1212/5931 ACF – screening campaign 21/2040 (1.8%)  (Jan-Mar 2016)	
4.2.4. #/% of TB patients linked with support for comorbidities (stratified by malnutrition, diabetes, drug use, etc.)	TB and ART	quarterly			Data not available yet	The existing recording and reporting tools do not capture this information.

<b>Sub-objective:</b>	<b>5. Infection control</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
5.1.5. #/% of high-risk sites in which TB IC is	PMDT sites, HIV, CTB areas,	annually	0	25%	Measured annually	

<b>Sub-objective: 5. Infection control</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
implemented with Challenge TB support (stratified by applicable sites: PMDT, HIV, mines, prisons, etc.) Indicator Value: Percent Level: National and Challenge TB geographic areas Numerator: Number of high-risk sites in which TB IC is implemented with CTB support in the area Denominator: Total number of high-risk sites in the area	TBIC package					
5.2.1. Status of TB disease monitoring among HCWs	Gender and Sex	annually	TBD (Q2 in APA2)	TBD after the baseline	Measured annually	
5.2.2. #/% of HCWs screened (frequency of measurement based on policy)	Challenge TB area, others	quarterly	1000	TBD after the baseline	760/6921 (Jan-Mar 2016)	
5.2.3. Number and % of health care workers diagnosed	Gender and Sex	annually	N/A	N/A	Measured annually	

<b>Sub-objective:</b>	<b>5. Infection control</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
with TB during reporting period						

<b>Sub-objective:</b>	<b>6. Management of latent TB infection</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
6.1.11. Number of children under the age of 5 years who initiate IPT	Challenge TB area, others	annually	N/A	300	Measured annually	
6.1.2. % of eligible persons completing LTBI treatment, by key population and adherence strategy	Challenge TB area, others	quarterly	150 quarterly	98%		IPT availability was a challenge at some sites during the quarter.  The current recording and reporting tools do not capture this information.
6.1.5. A national quarterly monitoring system for LTBI initiation and completion is functional	Challenge TB area, others	annually	No (June 2015)	Yes	Measured annually	



<b>Sub-objective:</b>	<b>7. Political commitment and leadership</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
7.2.1. % of NTP budget financed by domestic resources	N/A	annually	15% by 2013 NTLP Annual report	TBD after stakeholders meeting in Year 2)	Measured annually	
7.2.3. % of activity budget covered by private sector cost share, by specific activity	CTB area, National level	annually	N/A	TBD	Measured annually	

<b>Sub-objective:</b>	<b>8. Comprehensive partnerships and informed community involvement</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
8.1.1. #/% of national partnership members that are from the private sector, civil society, or current/previous TB patients (stratified by each key group)	HIV sector, private sector, civil society, TB patients	annually	to be collected after the first meeting (Q3 of APA2)	Will be set after setting the baseline	Measured annually	
8.1.3. Status of National Stop TB Partnership	N/A	annually	0 (2015)	1	Measured annually	
8.1.4. % of local	N/A	annually	N/A	N/A	Measured annually	

<b>Sub-objective:</b>	<b>8. Comprehensive partnerships and informed community involvement</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
partners' operating budget covered by diverse non-USG funding sources						
8.2.1. Global Fund grant rating	N/A	annually	A1 (2014)	TBD	Measured annually	

<b>Sub-objective:</b>	<b>9. Drug and commodity management systems</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	National, Regional and District level	quarterly	0	0	19/42 districts reported first line drug stock outs at some point during the quarter  (Jan-Mar 2016)	Redistribution from neighboring districts and regions was done to ensure no treatment interruptions occurred.

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
10.1.4. Status of electronic recording and reporting system	Scores, CTB area, other areas	annually	2 (2015)	2	Measured annually	

<b>Sub-objective: 10. Quality data, surveillance and M&amp;E</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	CTB area, National level	annually	Yes (2013)	Yes	Measured annually	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	CTB area, National level	annually	0% (2015)	100%	Measured annually	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	CTB area, National level	annually	N/A	Yes	Measured annually	

<b>Sub-objective: 11. Human resource development</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
11.1.1. Status of system for supportive supervision Indicator value: Score based on below: 0=no supportive supervision guidelines developed and no consistent supportive supervision taking place; 1=supportive supervision plan developed, but not implemented systematically; 2=supportive supervision plan implemented consistently, including provision of written feedback to lower levels; 3=supportive supervision plan implemented consistently, feedback provided and evaluation of supervision plan	N/A	annually	0	2	Measured annually	

<b>Sub-objective: 11. Human resource development</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
conducted Level: National Means of Verification: TB NSP, SS guidelines, SS implementation plan and budget, SS reports						
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded). Indicator Value: Percent Level: National and Challenge TB geographic areas Numerator: Number of planned supervisory visits conducted during reporting period Denominator: Total number of supervisory visits planned for the same period Means of	CTB and NTP funded	quarterly	2: June 2015	42 Districts conduct monthly supportive supervision, 7 regions conduct a combined regional and Central Supervision)	100%	All districts conducted monthly supervisory visits and a quarterly regional supervisory visit

<b>Sub-objective:</b>	<b>11. Human resource development</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
Verification: SS reports						
11.1.3. # of healthcare workers trained, by gender and technical area	Gender, technical area	quarterly	N/A	1272	M&E Tools training 56 (10 Female, 46 male)  PMDT initiation sites training 24 (10 Females 14 Males)  Laboratory EQA training 41 (6 Females 35 Males)	
11.1.5. % of USAID TB funding directed to local partners	N/A	annually	N/A	1%	Measured annually	